

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # F96000006768 (3)

1. Corporation Name

OLSTEN STAFFING SERVICES VII, INC.



Principal Place of Business

Mailing Address

175 BROAD HOLLOW RD  
MELVILLE NY 11747

175 BROAD HOLLOW RD  
MELVILLE NY 11747-4802

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME FUSCO, ROBERT A  
STREET ADDRESS 175 BROAD HOLLOW RD  
CITY-ST-ZIP MELVILLE NY 11747

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VC  
NAME STICKNEY, DOUGLAS H  
STREET ADDRESS 175 BROAD HOLLOW RD  
CITY-ST-ZIP MELVILLE NY 11747

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VCFO  
NAME BOELSEN, THOMAS  
STREET ADDRESS 175 BROAD HOLLOW RD  
CITY-ST-ZIP MELVILLE NY 11747

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME BOELSEN, THOMAS  
STREET ADDRESS 175 BROAD HOLLOW RD  
CITY-ST-ZIP MELVILLE NY 11747

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ~~VC~~  
NAME ~~COLEMAN, KEITH T~~  
STREET ADDRESS ~~175 BROAD HOLLOW RD~~  
CITY-ST-ZIP ~~MELVILLE NY 11747~~

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ~~V~~  
NAME ~~DECOMO, PETE M~~  
STREET ADDRESS ~~175 BROAD HOLLOW RD~~  
CITY-ST-ZIP ~~MELVILLE NY 11747~~

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

Date

Daytime Phone # 0011995

CR2E034 (9/96)